

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

|                                                                                                     |                                     |                                                                                  |                                                                                                                                                               |                                                                                                                                                    |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  |                                     |  |                        |                        |
|-----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|------------------------|------------------------|
| LOCAL REPORT NO.<br>14-7207                                                                         |                                     | <input type="checkbox"/> OH-2<br><input checked="" type="checkbox"/> OH-3        |                                                                                                                                                               | Lebanon Police                                                                                                                                     |  | 0830300                                                                                                                                                     |  | ODHS USE ONLY - DO NOT MARK ABOVE                                                                                                                                    |                        | LOCAL FILE NO.                                                                                                                           |  |                                     |  |                        |                        |
| REPORT TAKEN<br><input checked="" type="checkbox"/> AT STATION<br><input type="checkbox"/> AT SCENE | NO OF VEH PEDESTRIANS INVOLVED<br>2 |                                                                                  | CRASH SEVERITY (CHECK MOST SEVERE)<br><input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY |                                                                                                                                                    |  | COMBINED VEH/PROP LOSS<br><input checked="" type="checkbox"/> OVER \$150<br><input type="checkbox"/> UNDER \$150                                            |  | HIT SKIP<br><input checked="" type="checkbox"/> SOLVED<br><input type="checkbox"/> UNSOLVED                                                                          |                        |                                                                                                                                          |  |                                     |  |                        |                        |
| IN COUNTY OF WARREN                                                                                 |                                     | IN <input checked="" type="checkbox"/> CITY                                      |                                                                                                                                                               | LEBANON                                                                                                                                            |  | DATE OF CRASH<br>4/27/14                                                                                                                                    |  | DAY<br>SUN                                                                                                                                                           | TIME: MILITARY<br>1634 |                                                                                                                                          |  |                                     |  |                        |                        |
| CRASH OCCURRED ON<br>118 DAVE                                                                       |                                     | WITHIN THE INTERSECTION OF                                                       |                                                                                                                                                               |                                                                                                                                                    |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  |                                     |  |                        |                        |
| IF NOT IN INTERSECTION<br>____ MILES ____ FEET                                                      |                                     | N<br>W<br>S<br>E<br>OF                                                           |                                                                                                                                                               | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)                                                                                            |  |                                                                                                                                                             |  |                                                                                                                                                                      | CITY CODE              |                                                                                                                                          |  |                                     |  |                        |                        |
| LOG 1                                                                                               |                                     | LOG 2                                                                            |                                                                                                                                                               | LOC JUR FH9 FILT                                                                                                                                   |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  |                                     |  |                        |                        |
| A UNIT NO.<br>01                                                                                    |                                     | NO OF OCCUPANTS<br>1                                                             |                                                                                                                                                               | OPERATING<br><input checked="" type="checkbox"/>                                                                                                   |  | PARKED<br><input type="checkbox"/>                                                                                                                          |  | DRIVERLESS<br><input type="checkbox"/>                                                                                                                               |                        | HIT & RUN NON CONTACT<br><input type="checkbox"/>                                                                                        |  | INSURANCE CO OR AGENT<br>STATE FARM |  |                        |                        |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)<br>HARMON, MARY L                                          |                                     |                                                                                  |                                                                                                                                                               | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)<br>1511 DRAKE RD                                                                                      |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  |                                     |  |                        |                        |
| PHONE NO.<br>932-5194                                                                               |                                     | BIRTH DATE<br>m   d   y                                                          |                                                                                                                                                               | AGE<br>F                                                                                                                                           |  | SEX<br>F                                                                                                                                                    |  | SOCIAL SECURITY NO.<br>XXX-XX-6369                                                                                                                                   |                        | STATE<br>OH                                                                                                                              |  | DRIVER'S LICENSE NO.                |  | OCCUPATION             |                        |
| OWNER (IF SAME AS DRIVER, WRITE SAME)<br>SAME                                                       |                                     |                                                                                  |                                                                                                                                                               | ADDRESS                                                                                                                                            |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  | PHONE                               |  |                        |                        |
| VEH YR<br>2014                                                                                      |                                     | MAKE<br>CHEVY                                                                    |                                                                                                                                                               | MODEL<br>MALIBU                                                                                                                                    |  | COLOR<br>BRO                                                                                                                                                |  | STYLE<br>AS                                                                                                                                                          |                        | STATE<br>OH                                                                                                                              |  | LICENSE PLATE NO.<br>CMS 1284       |  | TOWING SERVICE         | VEH/PED DIR<br>FROM TO |
| CIRCLE DAMAGE AREAS<br>                                                                             |                                     | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER                                   |                                                                                                                                                               | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING |  | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY |  | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED               |                        | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |  |                                     |  |                        |                        |
| 8 UNIT NO.<br>02                                                                                    |                                     | NO OF OCCUPANTS                                                                  |                                                                                                                                                               | OPERATING<br><input type="checkbox"/>                                                                                                              |  | PARKED<br><input checked="" type="checkbox"/>                                                                                                               |  | DRIVERLESS<br><input type="checkbox"/>                                                                                                                               |                        | HIT & RUN NON CONTACT<br><input type="checkbox"/>                                                                                        |  | INSURANCE CO. OR AGENT              |  |                        |                        |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)<br>ISON, KATHRYN STRATTON                                  |                                     |                                                                                  |                                                                                                                                                               | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)<br>118 DAVE #704                                                                                      |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  |                                     |  |                        |                        |
| PHONE NO.                                                                                           |                                     | BIRTH DATE<br>m   d   y                                                          |                                                                                                                                                               | AGE                                                                                                                                                |  | SEX                                                                                                                                                         |  | SOCIAL SECURITY NO.                                                                                                                                                  |                        | STATE                                                                                                                                    |  | DRIVER'S LICENSE NO.                |  | OCCUPATION             |                        |
| OWNER (IF SAME AS DRIVER, WRITE SAME)<br>ISON, KATHRYN STRATTON                                     |                                     |                                                                                  |                                                                                                                                                               | ADDRESS<br>118 DAVE #704                                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                                                      |                        |                                                                                                                                          |  | PHONE<br>508-4765                   |  |                        |                        |
| VEH YR<br>2008                                                                                      |                                     | MAKE<br>CHEVY                                                                    |                                                                                                                                                               | MODEL<br>Aveo                                                                                                                                      |  | COLOR<br>SLV                                                                                                                                                |  | STYLE<br>4S                                                                                                                                                          |                        | STATE<br>OH                                                                                                                              |  | LICENSE PLATE NO.<br>FXC 6211       |  | TOWING SERVICE<br>NONE | VEH/PED DIR<br>FROM TO |
| CIRCLE DAMAGE AREAS<br>                                                                             |                                     | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER                                   |                                                                                                                                                               | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING |  | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY |  | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED               |                        | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |  |                                     |  |                        |                        |
| C FROM UNIT NO.                                                                                     |                                     | NAME (LAST, FIRST, MI)                                                           |                                                                                                                                                               | BIRTH DATE<br>m   d   y                                                                                                                            |  | AGE                                                                                                                                                         |  | POSITION<br>A B C D E F                                                                                                                                              |                        | INJURIES<br>A B C D E F                                                                                                                  |  |                                     |  |                        |                        |
| D FROM UNIT NO.                                                                                     |                                     | NAME (LAST, FIRST, MI)                                                           |                                                                                                                                                               | BIRTH DATE<br>m   d   y                                                                                                                            |  | AGE                                                                                                                                                         |  | SEX                                                                                                                                                                  |                        | CONDITION<br>A B C D E F                                                                                                                 |  |                                     |  |                        |                        |
| E FROM UNIT NO.                                                                                     |                                     | NAME (LAST, FIRST, MI)                                                           |                                                                                                                                                               | BIRTH DATE<br>m   d   y                                                                                                                            |  | AGE                                                                                                                                                         |  | SEX                                                                                                                                                                  |                        | RESTRAINTS<br>A B C D E F                                                                                                                |  |                                     |  |                        |                        |
| F FROM UNIT NO.                                                                                     |                                     | NAME (LAST, FIRST, MI)                                                           |                                                                                                                                                               | BIRTH DATE<br>m   d   y                                                                                                                            |  | AGE                                                                                                                                                         |  | SEX                                                                                                                                                                  |                        | ALCOHOL<br>A B C D E F                                                                                                                   |  |                                     |  |                        |                        |
| A B C                                                                                               |                                     | INJURED TAKEN TO                                                                 |                                                                                                                                                               | By                                                                                                                                                 |  | A B C D E F                                                                                                                                                 |  | 1 NOT USED<br>2 NONE AVAILABLE<br>3 LAP BELT USED<br>4 LAP/SHOULDER BELT USED<br>6 SHOULDER BELT USED<br>6 CHILD SAFETY SEAT<br>7 AIR BAG USED<br>8 USE NOT REPORTED |                        | TESTED<br>A B C D E F                                                                                                                    |  |                                     |  |                        |                        |
| A B C                                                                                               |                                     | INJURED TAKEN TO                                                                 |                                                                                                                                                               | By                                                                                                                                                 |  | A B C D E F                                                                                                                                                 |  | 1 NOT EJECTED<br>2 PARTIAL<br>3 TOTAL<br>4 TRAPPED INSIDE VEHICLE                                                                                                    |                        | TESTED<br>A B C D E F                                                                                                                    |  |                                     |  |                        |                        |
| A B C                                                                                               |                                     | OFFENSE CHARGED AND DESCRIPTION                                                  |                                                                                                                                                               | A B C D E F                                                                                                                                        |  | A B C D E F                                                                                                                                                 |  | 1 NO ALCOHOL DETECTED<br>2 HBD ABILITY IMPAIRED<br>3 HBD ABILITY NOT IMPAIRED<br>4 HBD ABILITY UNKNOWN                                                               |                        | TESTED<br>A B C D E F                                                                                                                    |  |                                     |  |                        |                        |
| A B C                                                                                               |                                     | OFFENSE CHARGED AND DESCRIPTION                                                  |                                                                                                                                                               | A B C D E F                                                                                                                                        |  | A B C D E F                                                                                                                                                 |  | 1 NO DRUGS DETECTED<br>2 USING PRESCRIBED DRUG<br>3 USING ILICIT DRUG                                                                                                |                        | TESTED<br>A B C D E F                                                                                                                    |  |                                     |  |                        |                        |
| RECEIVED CALL<br>1634                                                                               |                                     | DISPATCHED<br>1636                                                               |                                                                                                                                                               | ARRIVED<br>1644                                                                                                                                    |  | CLEARED<br>1653                                                                                                                                             |  | OTHER TIME                                                                                                                                                           |                        | TOTAL MINUTES<br>0009                                                                                                                    |  |                                     |  |                        |                        |
| DATE REPORT FILED<br>4/27/14                                                                        |                                     | PHOTOS<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |                                                                                                                                                               | OFFICER'S NAME<br>Ptl. DRAKE                                                                                                                       |  | BADGE NO.<br>118                                                                                                                                            |  | CHECKED BY                                                                                                                                                           |                        |                                                                                                                                          |  |                                     |  |                        |                        |